

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 0 1 3

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 1999

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) -

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.253;
OBRA '90; P.L. 101 - 508; P.L. 102 - 234; OBRA
'93; P.L. 103 - 66

7. FEDERAL BUDGET IMPACT:

a. FFY 1998 - 99 \$ -0-

b. FFY 1999 - 2000 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Pages 10d

10e

10h

10i

SEE ATTACHED

REPLACE PER STATE'S

LETTER DATED 04-25-01

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 99-10 Pending)

Same (TN 99-05 Pending)

Same (TN 99-10 Pending)

Same (TN 99-10 Pending)

SEE ATTACHED

REPLACE PER STATE'S
LETTER DATED 04-25-0110. SUBJECT OF AMENDMENT: The purpose of this amendment is to remove disproportionate share hospital
groups that were applicable only in SFY 1998-99. References to "large public non-state rural
hospitals" and "large public non-state rural hospitals with at least 25% Medicaid inpatient day
utilization" are removed. *

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

for David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 14, 1999

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEPTEMBER 24, 1999

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

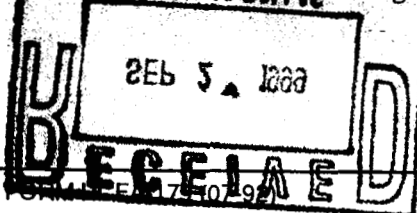
JULY 1, 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

for CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS23. REMARKS: The purpose of this amendment is to remove disproportionate share hospital
groups that were applicable only in SFY 1998-99. References to "large public non-state rural
hospitals" and "large public non-state rural hospitals with at least 25% Medicaid inpatient day
utilization" are removed. *Per link changes made to plan pages per
Sholoi conference call.

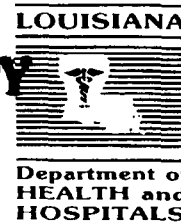


J. "Mike" Foster, Jr.
GOVERNOR

99-13

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

April 25, 2001



David W. Hood
SECRETARY

Mr. Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations
DHHS/Health Care Financing Administration
1301 Young Street, Room #827
Dallas, Texas 75202

Re: Louisiana Title XIX State Plan
Transmittal No. 99-13

Dear Mr. Cline:

Please refer to our proposed amendment to the Medicaid State Plan submitted under TN 99-13. This amendment modifies the reimbursement methodology for disproportionate share payments to delete separate payment groups for large public non-state rural hospitals and large public non-state rural hospitals with at least 25% Medicaid inpatient days utilization. Hospitals previously paid in the separate payment groups that continue to qualify for DSH payments will be included in the "All Other Hospitals" payment group. We are providing the following additional information and clarification in response to your letter of November 23, 1999.

HCFA-179, Block 9

1. The proposed changes to plan language seem to indicate that Attachment 4.19-A, Item 1, page 10k(1) from TN 99-10 should be deleted. However, there is no reference to this in Block 9. Please clarify if Page 10i(1) should be deleted.

Extensive formatting changes have occurred in earlier transmittals, which must flow through this amendment. Please make pen and ink changes to blocks 8 and 9 to reflect the page numbers now impacted by this transmittal as follows:

Block 8	Block 9
10d	same (TN 99-10)
10k	same (TN 99-05)
10k(1)	same (TN 99-10)
10k(2)	same (TN 99-10)
10k(3)	same (TN 99-10)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

OR

- (iii) Effective November 3, 1997 hospitals meeting the definition of small rural hospital as defined in 3.b. below.

AND

- e. In addition to the qualification criteria outlined in Item I.D.1.a.-d. above, effective July 1, 1994, the qualifying disproportionate share hospital must also have a Medicaid inpatient utilization rate of at least one percent (1%).

2. General Provisions for Disproportionate Share Payments

- a. Disproportionate share payments cumulative for all DSH payments under all DSH payment methodologies shall not exceed the federal disproportionate share state allotment for each federal fiscal year or the state appropriation for disproportionate share payments for each state fiscal year. The Department shall make necessary downward adjustments to hospitals' disproportionate share payments to remain within the federal disproportionate share allotment or the state disproportionate share appropriated amount.

The state will allocate the reduction between state and non-state hospitals based on the pro rata share of the amount appropriated for state hospitals and non-state hospitals multiplied by the amount of disproportionate share payments that exceed the federal disproportionate share allotment.

The reduction will be allocated between the non-state hospital groups based on the pro rata share of each group's payments divided by the sum of payments for all groups.

Methodologies for hospitals within groups are found as follows:

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DATE REC'D <u>9-24-99</u>	
DATE APPV'D <u>6-6-01</u>	
DATE EFF <u>7-1-99</u>	
HCFA 179 <u>TN 99-13</u>	

99-10

FN# _____ Approval Date _____ Effective Date _____
Supersedes
FN# _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

RESERVED

STATE <u>Louisiana</u>	A
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DATE EFF <u>7-1-99</u>	
HCFA 179 <u>TN 99-13</u>	

99-05

IN# _____ Approval Date _____ Effective Date _____
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IN# _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k(1)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

RESERVED

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HCFA 179	<u>TN 99-13</u>

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TN# _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k(2)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

c. All Other Hospitals (Private and Public Non-State Rural Hospitals Over 60 Beds, All Private and Public Non-State Urban Hospitals, Free-Standing Psychiatric Hospitals exclusive of State Hospitals, Rehabilitation Hospitals, and Long-Term Care Hospitals)

1) Criteria for hospitals to be included in this group are as follows:

- a) Private and public non-state rural hospitals over 60 beds - privately owned and non-state government owned acute care general, rehabilitation, and long term care hospitals including distinct part psychiatric units having more than 60 beds that are not located in a Metropolitan Statistical Area as defined per the 1990 census. This excludes any reclassification for Medicare.
- b) All private and public non-state urban hospitals - privately owned and non-state government owned acute care general, rehabilitation, and long term care hospitals including distinct part psychiatric units that are located in a Metropolitan Statistical Area as defined per the 1990 census. This excludes any reclassification under Medicare.
- c) All free-standing psychiatric hospitals exclusive of state hospitals - privately owned and local government owned psychiatric hospitals of any size.
- d) Rehabilitation hospitals and long-term care hospitals - hospitals which meet Medicare specialty designation as these types of hospitals.

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HCFA 179	<u>IN 99-13</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k(3)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

- 2) Annualization of days for the purposes of the Medicaid days pools is not permitted. Payment is based on actual paid Medicaid inpatient days for a six month period ending on the last day of the latest month at least 30 days preceding the date of payment which will be obtained by DHH from a report of paid Medicaid days by service date.
- 3) Payment is based on Medicaid days provided by hospitals in the following three pools:
 - a) Teaching Acute Care Hospitals - acute care hospitals (exclusive of distinct part psychiatric units) not included in 3.a. or 3.b. above which are recognized under the Medicare principles of reimbursement as approved teaching hospitals. Rehabilitation, long term care, and freestanding psychiatric hospitals are always classified as such, and therefore not at any time classified as teaching hospitals, even if they have a GME program.
 - b) Acute Care Hospital - acute care, rehabilitation, and long term care hospitals not described in I.D.3.a. and I.D.3.b. above (excluding distinct part psychiatric units) are qualified for this designation.
 - c) Psychiatric Hospital - Freestanding psychiatric hospitals *hospitals with* and distinct part psychiatric units not included in I.D.3.a. and I.D.3.b. above are qualified for this designation.

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DATE EFF	<u>7-1-99</u>
HCFA 179	<u>TN 99-13</u>

99-10

IN# _____ Approval Date _____ Effective Date _____
Supersedes _____
IN# _____